



CHILD ADVOCACY BOARD VOLUNTEER APPLICATION FORM



Full Name: _____ Date of Birth: _____

Maiden Name: _____ Social Security No.: _____

Alias: _____ Sex: _____ Race: _____

Address: _____

City: _____

Home Phone: _____

State: _____ Zip Code: _____

Email: _____

County: _____

Cell Phone: _____

Place of Employment: _____

Employment Phone: _____

Address: _____

Employment Fax Phone: _____

City: _____

May you be called at work? _____

State: _____ Zip Code: _____

Email: _____

Name of Spouse: _____

Spouse's Occupation: _____

Children:

Birth Dates:

Other Members of Household:

Relationship:

In case of emergency contact: _____

Address and phone number: _____

TRANSPORTATION FOR CASA APPLICANTS ONLY:

Do you have a valid driver's license? ____ Yes ____ No Is a car available to you? ____ Yes ____ No

Insurance Company: _____ Policy Number: _____

Liability Limits: _____

EMPLOYMENT/VOLUNTEER HISTORY

Current employer: _____ Supervisor: _____

Address: _____ Phone Number: _____

Job description: _____

Previous Employer: _____

Address: _____ Phone Number: _____

Job description: _____

To what community organizations do you belong? Include offices held. _____

EDUCATION / TRAINING / EXPERIENCE

High School Diploma: Yes ____ No ____ Name of School/Year Graduated _____

College Degree: Yes ____ No ____ Name of College and years attended: _____

College degree(s) held: _____

Other educational / training programs completed: _____

Check the following areas that you have training and/or work experience.

Art/graphics _____

Child care _____

Child development _____

Counseling _____

Criminology _____

Drug/alcohol abuse _____

Education _____

Health care _____

Law enforcement _____

Mental health _____

New media _____

Psychology _____

Public speaking _____

Writing _____

If yes, please describe: _____

LEGAL HISTORY

Have you ever been convicted of a crime? ____ Yes ____ No If yes, please explain: _____

Have you ever been involved in a juvenile court case as an adult or a child? ____ Yes ____ No

If yes, please explain: _____

Have you ever been the subject of a child abuse investigation? ____ Yes ____ No

If yes, please explain: _____

PERSONAL REFERENCES

Please print names, complete addresses, and phone numbers of people who have known you for at least five years, who know you well and can address how you relate to children and people in general, and how well you could fulfill the responsibility of a Child Advocacy Board (CAB) volunteer. Do not include relatives. The CAB program staff will contact the references you list.

Name: _____ Daytime phone: _____

Address: _____ City _____ ST ____ Zip _____

Relationship: _____ Length of acquaintance: _____

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Address: _____ City _____ ST ____ Zip _____

Relationship: _____ Length of acquaintance: _____

Name: _____ Daytime phone: _____

Address: _____ City _____ ST ____ Zip _____

Relationship: _____ Length of acquaintance: _____

Unfortunately not every individual who applies to become a CAB volunteer is accepted. The information provided during the pre-training interview, the Foundations of Child Advocacy Training, this application, reference checks and background checks will be used to determine your suitability as a CAB volunteer. If for some reason it is determined that you are not suitable for either the CASA or FCRB program you will be notified as quickly as possible once that determination has been made.

FOSTER CARE REVIEW BOARD ONLY

Are you an employee of the Department of Human Services (DHS), the Department of Inspections and Appeals (DIA), the District Court, or an agency contracting with DHS for services for children under foster care? Yes: _____ No: _____

Are you a licensed foster parent provided foster care? Yes: _____ No: _____

Check all that apply:

Former Foster Parent: _____ Former Foster Child: _____ Adoptive Parent: _____ Adopted as a Child: _____

I am applying for:

☐ CASA program

☐ FCRB program

☐ Either program

AFFIRMATION AND RELEASE

I, _____, hereby affirm that all of the answers on this volunteer application for the Iowa Child Advocacy Board (CAB) are true to the best of my knowledge. I understand that falsifying information on this application or during the screening process is possible grounds for dismissal. I understand that the information requested in this application will be used only for the purpose of determining my suitability to become a CAB volunteer. I am aware of the sensitive and confidential nature of the office documents, reports and other material I will examine in my capacity as a CAB volunteer.

CASA applications: I hereby authorize the Iowa CASA Program to investigate my background to determine my suitability as a potential CASA volunteer. Further, I understand that after the successful completion of my training, I will be expected to serve a minimum of one year or for as long as the child or children to whom I am assigned are under the court's jurisdiction. I will discuss the contents of confidential material only with those persons who are parties to the case, their legal representatives, or those persons who will be consulted for their professional knowledge or expertise.

FCRB applicants: Upon successful completion of training, I understand that I will commit to serve a two-year term with the local review board. As a FCRB volunteer I will not disclose any information I obtain through this volunteer opportunity.

Signature of CAB applicant: _____

Date signed: _____

Return completed form to: The Program
Coordinator that serves your county, or:

Iowa Child Advocacy Board
4th Floor Lucas Building
321 East 12th Street
Des Moines, Iowa 50319-0083
Phone: 515-281-7621
Toll Free Phone: 866-448-4608

OFFICE USE ONLY

Date Submitted _____
Date Reviewed _____
CPI's Mailed _____
Reference Checks Completed _____
Interview Date _____
Training Completed _____
Coordinator _____

*Iowa CAB is an equal opportunity employer committed
to providing culturally diverse volunteer programs*